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TO: Commissioner for Patents
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FAX NUMBER: 703.872.9306
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FROM: Gregory L. Bradley, Esquire

DATE: 8/6/2004

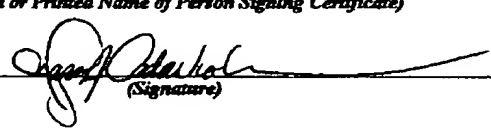
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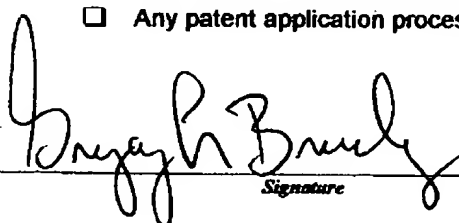
SENDER'S REFERENCE NUMBER:
VI/99-016.CRE: Amendment and Response to Office
ActionYOUR REFERENCE NUMBER:
U.S. Serial No. 09/941,224☒ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☒ PLEASE REPLY ☐ PLEASE RECYCLE

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Indianola, PA 15051-0780
United States of America

CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8) Applicant(s): ZATEZALO, Doug, et al.			Docket No. VI/99-016.C
Application No. 09/941,224	Filing Date August 28, 2001	Examiner WILLIAM JUNG	Group Art Unit 3737
Invention: PROGRAMMABLE INJECTOR CONTROL			
<p>I hereby certify that this <u>Amendment and Response to Office Action</u> (Identify type of correspondence) is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703.872.9306</u>) on <u>August 6, 2004</u> (Date)</p> <p style="text-align: right;"><u>Page A. Cedarholm</u> (Typed or Printed Name of Person Signing Certificate)  (Signature)</p> <p style="text-align: center;">Note: Each paper must have its own certificate of mailing.</p>			

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No.	
Applicant(s): ZATEZALO et al.				VI/99-016.C	
Application No. 09/941,224	Filing Date August 28, 2001	Examiner William Jung	Customer No. 21140	Group Art Unit 3737	Confirmation No. 5672
Invention: PROGRAMMABLE INJECTOR CONTROL					
COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	41 -	41 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	7 -	7 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<div style="margin-top: 20px;"><input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <div style="margin-left: 20px;"><input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</div></div> <div style="margin-top: 20px;"> _____ Signature</div> <div style="margin-top: 20px;">Dated: August 6, 2004</div> <div style="margin-top: 20px;">Gregory L. Bradley MEDRAD, INC. One Medrad Drive Indianola, PA 15051</div>					
<div style="margin-bottom: 10px;">I certify that this document and fee is being deposited on with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</div> <div style="border-top: 1px solid black; height: 40px; margin-bottom: 10px;"></div> <div style="text-align: center; margin-bottom: 10px;"><i>Signature of Person Mailing Correspondence</i></div> <div style="border-top: 1px solid black; height: 20px;"></div> <div style="text-align: center;"><i>Typed or Printed Name of Person Mailing Correspondence</i></div>					
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